

Address: 36 Fulham Rd, Pimlico, QLD 4812 (Ground Level)

Ph: 0439965562 Fax: (07) 4755 2684

Email: reception@heartstation.com.au

Bulk Billing Cardiac Services

REQUEST FORM	
Date:	
Patient Details	
Name:	Address:
DOB:	Contact No.:
Height:	Medicare No.:
Weight:	(required for service)
Cardiac Services Transthoracic Echocardic	
 □ Holter ECG monitor (24 hours only) □ Ambulatory BP monitor (Fee applies) 	
	t had a previous echo before? YES / NO ation:
Referring Practitioner's Deta	ils
Practitioner's Name:	
Provider Number:	
Practice Address/Departme	nt:
Practitioner's Signature:	